

# Birthday Party Reservation -- Gaithersburg Miniature Golf Course

Parents Name \_\_\_\_\_ Home Ph. \_\_\_\_\_ Wk Ph. \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Date Requested \_\_\_\_\_ Time Requested \_\_\_\_\_

*Reservations are not finalized until confirmed with golf representative.*

**BIRTHDAY PERSON'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**GOLF PACKAGE:** Number of Guests \_\_\_\_\_ X \$7.00 = \_\_\_\_\_ Number of Adults/Parents \_\_\_\_\_ X \$2.00 = \_\_\_\_\_

**GOLF & WATER  
PARK PACKAGE:** Number of Guests \_\_\_\_\_ X \$10.00 = \_\_\_\_\_ Number of Adults/Parents \_\_\_\_\_ X \$3.00 = \_\_\_\_\_

**Non-refundable deposit \$20.** (Make checks payable to the City of Gaithersburg.)

*The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act.  
Requests must be made prior to the start of the program. Please indicate what accommodations are needed:*

\_\_\_\_\_  
\_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_  
Visa/MC# \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

## OFFICE USE ONLY:

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
W P M F Resident: Y N  
Pr: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City of Gaithersburg  
Department of Parks, Recreation and Culture  
506 S. Frederick Ave.  
Gaithersburg, MD 20877

[www.ci.gaithersburg.md.us](http://www.ci.gaithersburg.md.us)